**Clark County Parks and Recreation** 





## **SUMMER CAMP CALENDAR 2014**

Camp Site: (Circle one)	Desert Oasis	Hayes	Silvestri	Sawyer
Participant First & Last Name:				

Please Note: This Calendar will solely be used to assist with the planning for adequate staffing needs, and to ensure that we maintain a safe and fun environment for your child. Selected days may be changed if advance notice is given to the Summer Camp Site Staff.

## Reminders:

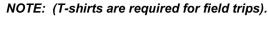
- 1 )The first two weeks of specified days must be paid in full with your initial registration.
- 2) Remaining payments are due by 6:00PM each Wednesday for the upcoming week to secure a spot for your child/children.
- 3) For periodic attendance, payment in full is required for each anticipated day of attendance to secure a spot for the entire summer.

June 9-13	Mon	Tue	Wed	Thu	Fri	\$15 / Day =	
June 16-20	Mon	Tue	Wed	Thu	Fri		
June 23-June27	Mon	Tue	Wed	Thu	Fri		
June 30-July 3	Mon	Tue	Wed	Thu	* Closed		
July 7-11	Mon	Tue	Wed	Thu	Fri		
July 14-18	Mon	Tue	Wed	Thu	Fri		
July 21-25	Mon	Tue	Wed	Thu	Fri		
July 28-Aug 1	Mon	Tue	Wed	Thu	Fri		
August 4-8	Mon	Tue	Wed	Thu	Fri		
August 11-15	Mon	Tue	Wed	Thu	Fri		
	TOTAL for Days Selected:						

\$5 T-Shirt size:

**TOTAL ENCLOSED:** 

Camp T-shirts are available in Youth sizes S, M, L, and Adult sizes S, M, L, & XL, and may be purchased with this initial registration at a cost of \$5 each.









## Clark County Parks & Recreation SAFEKEY SUMMER CAMP - REGISTRATION FORM 2014

Please complete front and back of this white form-(one form per child).

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Requested Camp Site:		2nd Site Request:				DOB:	_
Participant First & Last Name:					Age:		Sex: M F
Address:	Apt.#		City & Zip:		Phone:		
Parent/Guardian #1:				Cell Phone	):		
Employer Name & Address:				Work Phor	ne:		
Parent/Guardian #2:				Cell Phone	):		
Employer Name & Address:				Work Phor			
E-mail Address(es): Required for Online Payments							
EMERGENCY CONTACT / AUT (I understand that it is my respon)  MEDICATION:  DOES PARTICIPANT REQUIRE (If special accommodations are needed,	sibility to provide current  NO  ANY SPECIAL ACCOM	Relationship: Relationship: Relationship: Relationship: Relationship: YES (If year)	es, please fill out the		Phone: Phone: Phone:		ation form)
Fees: I understand that the Safekey Sumay be made via mail-in, online at www. Summer Camp Site.  Late Pick-up Fee: I understand that a \$ NOTE: After the third late pick-up, the	.clarkcountynv.gov/parks, or a	every ten (10)	Administration Office. No	DTE: Payment	s are no lo	onger accepted at th	e Safekey  (Parent Initials)
Refunds: Safekey Summer Camp refu	nds will be issued only if notice	e is given one	week prior to the end of S	Summer Camp.			(Parent Initials)
Sign-In/Out: I understand that each ch are those individuals listed on this regis	_					uthorized to pick up m	
Parent Guidelines: I have read and ur	derstand the policies and proc	edures as outl	ined in the parent guideli	nes and in the c	online payn	nent pamphlet.	(Parent Initials)
Receipts for Income Taxes: I underst further understand, as stated in the Park I,	acting on behalf of myse acting on behalf of myse ad Recreation and all the sustained, incurred, or a y Clark County Parks an	in a copy of m If or my min ir respective rising from I d Recreatio	or child do expressly e officers, employees participation in any P n program, I agree to	and forever , agents, or r arks and Reo o allow public	waive ar epresent creation cation of	ome tax purposes.  Ind release Clark Clatives from any a activity. PHOTO/Nephotos or video ta	tax purposes. I  (Parent Initials) County, nd all liability //DEO
Signature of Parent/Guardian				Date			-
_	White: Safekey Site	Canary:	Safekey Office	Pink: Cı	ıstomer		

"Please complete Camp Calendar on reverse side"